CALL #	
INCIDENT#	

NARRAGANSETT POLICE DEPARTMENT POTHOLE / ROADWAY DAMAGE COMPLAINT

Date	Time	e	Officer
	Complete the fo	ollowing information a	as required.
Name		Date Of Birth	
Address		Occupation	
		Email	
Phone	()	Work Phone	()
knowled			c correct to the best of my
Date & t	time that damage occurred?		
	V	EHICLE DESCRIPTION;	;
Registra	tion Plate	Issuing State	
Plate Ty	pe	Expiration Date	te
Vehicle	Make	Vehicle Year	
Vehicle	Style	Vehicle Color	
Insuranc	ee Co	VIN #	
Register	ed owners name, address, & p	ohone #	

(If registered owner is a lease corporation or company enter complainant Is name on line above.)

(CONTINUE ON BACK SIDE OF PAGE)

Page 2 POTHOLE / ROADWAY DAMAGE COMPLAINT (cont.)

Was damage caused by hitting a pothole or another problem with roadway? (Explain)				
	ne?			
Were there any injuries to yourself or pass	engers in your car? (If yes, describe in detail)			
Any damage to vehicle contents or surrour				
Estimated cost to repair damage?				
	ne damage to your vehicle)			
Signature	Date			
Officer Taking Statement	ID#			